

DDCI

Breakfast with Secretary and Deputy Secretary  
of Defense

7 June 1985

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14 June*

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MEMORANDUM FOR: DCI

Attached is a proposed talking point for you to bring up with Secretary Weinberger at breakfast.

Date 5 June 1985

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NATIONAL SECURITY COUNCIL

June 5, 1985

**EYES ONLY**

TO: DIRECTOR CASEY

FROM: KENNETH deGRAFFENREID

*Ken deGraffenreid*

Sir,

Attached is a copy of the letter that the President approved. The decision was that Max Friedersdorf would sign it.

Bud remains ready to join you in meeting with Hamilton/Stump.

Attachment  
a/s

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Declassify on: OADR

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THE WHITE HOUSE

WASHINGTON

Dear Mr. Chairman:

The President has asked me to respond to your letter of May 20, 1985, which requests comments on House Resolution 171. He has also asked that I address the matter of House Resolution 168 and respond to the subsequent requests from your committee to the Secretaries of Defense and State, as well as the Director of Central Intelligence.

The Administration is opposed to House Resolutions 171 and 168 and recommends that the Permanent Select Committee on Intelligence report them unfavorably to the House.

Consistent with Section 501 of the National Security Act, the Department of State, Defense, and the Central Intelligence Agency have been directed to respond promptly and fully to the Committee's requests for briefings on the question of U.S. Government support to counterterrorism programs in the Middle East, with particular focus on Lebanon. It is my understanding that responsible officials from those agencies have appeared before your committee to provide such briefings. In addition, CIA has made available to you all relevant intelligence for the period in question, including the National Security Decision Directive which provided policy for the Lebanon counterterrorist programs.

It is my understanding, however, that in addition to the above, you have requested direct access for your staff to the working files of the CIA relevant to this program. These files contain internal working documents pertaining to the field station/CIA headquarters relationship. The material relating to agent sources is written and maintained in the working files on the basis of field officer/agent contracts which involve guarantees of confidentiality. Were this pact to be broken, CIA's capability to obtain needed sources of information in the future, particularly in the counterterrorism area, would be adversely affected. Moreover, the expectation of our intelligence officers in the field is that their sensitive operational communications are for internal use only and not for non-Agency review. Should the trust in this relationship be breached, we might very well reduce the ability of our officers in the field to provide candid

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professional judgments on difficult and sensitive subjects. We, therefore, are unable to make this material available to your staff.

I am prepared to discuss any other questions you and Congressman Stump may have.

Sincerely,

The Honorable Lee H. Hamilton  
Chairman, Permanent Select Committee  
on Intelligence  
U.S. House of Representatives  
Washington, D.C. 20515

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The Director of Central Intelligence

Washington, D.C. 20505

National Intelligence Council

NIC-02844-85  
4 June 1985

MEMORANDUM FOR: Director of Central Intelligence  
Deputy Director of Central Intelligence

VIA: Vice Chairman, National Intelligence Council *HM*

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FROM: [REDACTED]  
Assistant National Intelligence Officer for USSR

SUBJECT: Unclassified Profile of Soviet Public Health

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1. The attached, prepared by [REDACTED] of SOVA, provides an excellent thumbnail sketch of the appalling state of public health in the Soviet Union. Besides being informative to US government readers, the first two pages are of considerable potential value to US public diplomacy.

- They are a terrible comment on the Soviet system and how the Soviet people are treated by their rulers.
- They undermine Soviet moral and material claims of equality with the United States.
- They have the potential to inform foreign audiences of a major difference between the superpowers; quite literally, the difference between life and death.

2. I think this brief might usefully be sent to the President's speech writers, Mr. Wick at USIA, the Spokesman for the State Department, Ambassador Walters at the United Nations, and others. [REDACTED]

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Attachment:  
As Stated

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DECL OADR

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SECRET [REDACTED]

### Soviet Public Health

Soviet health services provide insufficient, inefficient, and ill-organized medical care because of the low priority which authorities accord it. The deterioration in many major social indicators implies that health services in the USSR have been terribly inadequate for meeting the needs of the Soviet people.

- o Between 1964 and 1984 the population death rate increased by 56 percent, from 6.9 per 1,000 to 10.8 per 1,000. Deaths attributed to coronary heart disease account for roughly 95 percent of this increase.
- o Life expectancy for men has fallen from 66 years in 1965 to an estimated current figure of 60/61 years.
- o The infant mortality rate has increased by more than 35 percent since 1971 and an increasing number of children are born with birth defects.
- o Incidences of infectious diseases such as diphtheria, whooping cough and measles have risen dramatically since 1980.
- o Restrictions on the publication of relevant statistical materials betray Soviet embarrassment over these trends in health indicators.

The health care system is inadequate in large part because of insufficient resources. Moreover, the quality of health services is uneven and inequitable, and for the general public it is low.

- o Health services as a share of GNP in the USSR has declined from 2.6 percent in 1970 to 2.3 percent in 1983; by contrast in the US the share increased from 6.0 percent to 8.2 percent in the same years.
- o Problems stemming from insufficient funding include shortages of equipment and drugs and a decline in medical ethics. In 1983 it was reported that a shortage of needles forced hospitals and clinics to take old needles and "sharpen, straighten and remove the rust" from them to offset the shortfall.
- o Low pay, lack of prestige and primitive working conditions, particularly in rural areas, have resulted in decreasing numbers of qualified medical school applicants.

- o Hospitals and clinics are overcrowded and dirty. Patients' families often buy drugs not available at the hospital, bring food from home to supplement the hospital daily food allowance (reported to be 68 kopecks in 1982), and do general cleaning in the wards.
- o Rural health care is particularly inadequate. Ambulances are not equipped with telephones and they are often used to transport "produce, businessmen, and accountants."
- o As the elderly account for an increasing share of the total Soviet population, diseases such as cancer and hypertension become more prevalent. However health planners have not distributed a larger share of medical resources to the elderly.
- o Other related factors such as increases in stress, pollution and the consumption of cigarettes and alcohol have led to a dramatic increase in heart disease. Despite this increase, cardiovascular surgery is not taught as a surgical specialty in Soviet medical schools. It must be learned on the job.
- o Several cement factories and chemical plants in Novosibirsk pollute the air so badly that a physician responsible for screening the population for lung disorders found that 40 percent had some degree of silicosis. When he persisted in calling for action to control industrial emissions, he was transferred to another job.

Poor health care has other negative effects on society as well.

- o "Under the table" payments to medical personnel in hospitals are pervasive.
- o Doctors and dentists work overtime from home to supplement their incomes. Many have been cited for corruption in accepting bribes in exchange for needed drugs and services.
- o The share of loss of worktime due to illness has increased substantially over time, contributing to lower labor productivity and high turnover.

- o Even health services for the military have been cited as inadequate. Typhoid, hepatitis, and dysentery, mostly caused by contaminated water and poor sterilization techniques, could have an impact on armed forces combat capabilities.

The leadership has reacted to declining health indicators by adopting a number of measures.

- o Early this year an ambitious program of preventive medicine was announced for 1986-90 which will require physical examinations for all citizens. (This will place severe pressures on an already burdened system.)
- o The number of sanitoriums and health resorts has been expanded.
- o The Politburo recently announced a comprehensive program to curtail alcohol consumption which includes large fines and prison sentences for drunkenness at work or in public, raising the drinking age from 18 to 21, and curtailing the production of vodka and liquor beginning in 1986.
- o The Soviets are increasingly interested in acquiring foreign medical technology by purchasing equipment manufactured abroad and by buying technology to manufacture domestically.

Measures such as these will require years to take effect. They do not begin to seriously address the requirement for increased funding, without which the adverse trends cited above can not be reversed.

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The Director of Central Intelligence

Washington, D.C. 20505

National Intelligence Council

NIC No. 02871-85  
5 June 1985

MEMORANDUM FOR: Director of Central Intelligence  
Deputy Director of Central Intelligence

FROM: George Kolt  
National Intelligence Officer for Europe

SUBJECT: Berlin Air Corridors Situation

1. There have been two developments of note in the Berlin Air Corridor situation since [redacted] memo to you of 28 May:

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- At the 29 May regular BASC meeting the Soviet controller continued to insist that 10.5 mile geographical limit met Allied space requirements but hinted that his authorities might be willing to add 2 - 3 more miles.
- In Moscow on 31 May the Soviets responded separately but identically to the 5 May demarche of the US, UK and French ambassadors. The Soviets claimed that because the problems which have arisen are technical, they should be and are being resolved at the technical level. More argumentatively they argued that the corridors "were originally assigned by the Soviet Occupation Forces for the needs of the garrisons for the three powers in West Berlin" and that "all the remaining flights are carried out with commercial aims, that is they are in direct contradiction with four power understandings on designation of the corridors and with their legal status."

2. In my view the Soviet move in the BASC indicates they want to get the issue resolved on terms which favor the Soviets but which may also be acceptable to the three Western powers. The British, who were already elated by the 10.5 mile reservation free zone, will undoubtedly take the hint of additional Soviet flexibility as proof that the issue is

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practically settled and that there is no need for a demonstration flight. For contingency purposes, I think we should nevertheless complete all preparations for possible demonstration flights. At the same time we should realize that the BASC discussions now offer our best hope of redressing the situation and press on vigorously with the discussion in that forum.

3. For the longer term, I am more concerned that there could be a tendency to write off as empty rhetoric the Soviet reassertion that the corridors are intended for military flights only. The Soviets, of course, have said this before and done nothing--just as there is no suggestion now that they plan to take action to enforce their interpretation of the air corridor agreement. But I think it dangerous for any such Soviet assertion to go un rebutted. My suggestion would be for the three Western powers, either in their own capitals or in Moscow, to go back to the Soviets and, while acknowledging that progress is being made in the BASC and could lead to an acceptable solution, reject in very clear terms the Soviet view of what flights can use the corridors.

4. I recommend that you discuss this issue in your meetings with Messrs McFarlane and Damm.

  
George Kolt

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